

DENTAL HEALTH SCREENING

QUALIFIED SCREENERS

7-005.01 For the purposes of the school officials verifying that a qualified screener is carrying out the required screening activity, the qualified screener is a person who follows the competencies for accurate, reliable measurement as described in 7-004 and found in Attachment 2 (and incorporated in these guidelines), **and** who meets **one** of the following descriptions (7-005.02 through 7-005.04):

7-005.02 The screener has been determined competent to perform the screening method by a licensed health care professional within the previous three years. Documentation in writing of such competency determination shall include:

7-005.02A The name of the individual who successfully completed the competency determination and the date the determination was conducted;

7-005.02B The type of screening with type(s) of equipment used in the competency determination for the respective screenings; and

7-005.02C The name and license number of the licensed health professional conducting the competency assessment; OR

7-005.03 The screener will receive direct supervision from a licensed health care professional while screening; OR

7-005.04 Screening is conducted by a licensed health care professional, as follows:

7.005.04A A Nebraska-credentialed health care professional registered nurse, licensed practical nurse, advanced practice registered nurse-nurse practitioner, physician assistant, or physician, are authorized to perform health screening at school.

7.005.04B Other licensed health professionals authorized to conduct specific screenings in addition to health professionals identified in 7-005.01 are:

Hearing: Audiologists and speech language pathologists.

Vision: Optometrists.

Dental Health: Dentists and dental hygienists.

7-005.05 Record of persons qualified to screen

The school must keep on file for a minimum of three (3) years the name, profession, license number, or written verification of competency in the screening method, for each screener permitted by the school to perform health screening.

COMPETENCIES: Accurate Measurement

DENTAL SCREENING COMPETENCIES Essential Steps for Accurate Measurement

COMPETENCY	KEY POINTS
1. Plan for a smooth flowing screening activity: Notify families of dental screening day. Plan logistics of student flow.	<p><i>Coordinate scheduling of dental screening with building administrators and teachers. If efficiently organized for traffic flow, each inspection will take one minute or less.</i></p> <p><i>If available, for infection control purposes, team each screener with a person to record results of inspection for each student.</i></p> <p><i>Try to avoid screening immediately after a meal or snack. If necessary offer sugar free gum to help remove food particles before screening.</i></p>
2. Assemble necessary supplies and equipment: <ul style="list-style-type: none">• Good light source (flashlight or goose-necked lamp)• Gloves• Single-use disposable tongue blades (optional),• Trash can with liner,• Alcohol-based sanitizer.• Student roster, pen, and writing surface for each recorder at each station; or alternative method for recording results.	<p><i>A good light source is essential: An LED light source is preferred!</i></p> <p><i>Tongue blades are used to move tongue or cheek as needed to see teeth; discard after each student, and used at the discretion of the screener.</i></p>
3. Glove, or prepare for “no-touch” screening.	<p><i>Gloves are not required unless contact is to be made with student’s skin, lips, teeth, or saliva. Most dental inspections will not necessitate physical contact.</i></p> <p><i>Change gloves as needed between students or after coming into contact with anything that has touched skin, lips, teeth, or saliva.</i></p> <p><i>Masks are optional at the discretion of the screener.</i></p>

	<p><i>Hand sanitizer or hand washing between students is strongly recommended if contact occurs, and/or between glove changes.</i></p> <p><i>Prepare for proper disposal of all contaminated materials.</i></p>
<p>4. The examiner positions him or herself in a comfortable face-to-face position with the child.</p> <p>The child bares teeth for inspection of outer surfaces.</p> <p>Have the child open mouth as wide as possible for inspection of chewing and inner surfaces of teeth. Child lifts and moves tongue so screener can see inner, outer, and top surfaces of all teeth, or screener may use tongue blade to gently maneuver tongue.</p> <p>Utilizing light source, observe teeth for irregularities:</p> <ul style="list-style-type: none"> • areas where teeth are eroded or not the usual shape, • unusually-colored teeth: severe discoloration 	<p><i>Look for gross, obvious problems in this brief visual inspection.</i></p> <p><i>See color plate examples of significant findings for comparison.</i></p>
<p>5. Record results.</p> <p>Assign student to one of the following categories:</p> <p>0 = no obvious irregularities of the teeth 1 = observable irregularities with the teeth in one or two areas.</p>	<p><i>Indicate location of areas of concern by quadrant (upper right, lower right, upper left, lower left) – oriented to the student's right and left sides.</i></p> <p><i>Incidental observations about the gums or oral mucosa are noted and reported to the school nurse or communicated to parents at the screeners' discretion.</i></p>

Parents are notified of need for further dental care. 2 = observable irregularities with the teeth in three or more areas. Parents notified of need for further dental care.	<i>Note date, and name of qualified screener.</i>
6. Carry out rescreen and notification procedures per local school practice/policy.	<i>Parents are notified of the need for further evaluation for “1” and “2” results.</i> <i>In the case of urgent notifications to parents (three or more areas of severe changes to the teeth, complaints of pain, swelling, drainage) parent should be notified on the day of screening or as soon as possible thereafter.</i>

WHO MUST BE SCREENED

Annually, children in preschool programs and Kindergarten, 1st through 4th grades, 7th grade, and 10th grade are to receive screening inspections for dental/oral health.

Additional indications for screening as found in Title 173 NAC Chapter 7 apply:

1. New to district at any time, with no previous screening results available.
2. Periodic screenings as specified by the student's Individualized Education Plan (IEP) or Individualized Health Care Plan (IHP)
3. Nurse, parent/guardian, or teacher concern.
4. Unaddressed findings from previous year.

RESCREENING

Level 2 and urgent results merit immediate parent notification without waiting for a later opportunity to rescreen.

In situations where dental concerns are present, but parent/guardian does not act on seeking dental care, the school nurse should monitor the student's condition with periodic inspection and assessment, and keep parent informed of the child's status, especially worsening developments.

NOTIFICATION OF NEED FOR FURTHER EVALUATION

Findings of the dental/oral health screening are coded at the time of screening by the examiner using a three-level system:

0 = no obvious irregularities of the teeth

1 = observable irregularities with the teeth in one or two areas. Parents are notified of need for further dental care.

2 = observable irregularities with the teeth in three or more areas. This score also used for apparently urgent needs of any type or number. Parents notified within 24 hours of screening of need for further dental care as soon as possible.

To help parents/guardians visualize areas of concern, consider using a diagram (quadrant chart) of the mouth to mark areas of concern, incorporated with the notification to parent.

“Twos” are given priority in follow-up with parents/guardians and referral for dental care. This level of notification will be given “urgent” status at the discretion of the qualified screener.

Children who experience a delay of a month or more in receiving recommended evaluation and care should be re-inspected by the school nurse in order to keep the parent/guardian accurately informed of the child’s oral condition. On any priority referral, the parent/guardian should be contacted and informed of the screening results on up to three occasions. Some dental issues are truly urgent and jeopardize a child’s overall health and well-being, and school nurses will want to identify and closely follow children who have severe conditions with medical implications.

DATA

Data Goals of Dental Screening, to be considered at the local and state levels, are:

- a) Identify baseline measures and monitor trends over time.
- b) Understand health disparities affecting Nebraska’s school aged children.
- c) Use screening data as an indicator of the quality of the screening practice.
- d) Compare measures across time and location.
- e) Explore the relationship between the condition, academic performance, and absenteeism.
- f) Understand the need for dental health services for children in Nebraska; begin to identify barriers to care and systemic approaches to improving access to dental care.

BACKGROUND INFORMATION

Dental screening as described in the competencies is a brief visual inspection limited to the condition and appearance of the teeth, which can be objectively carried out by the competent unlicensed person following these guidelines.

Oral health screening, on the other hand, is distinguished as an assessment activity including visual inspection of the oral cavity, assessing condition not only of the teeth, but also the gums, palate, and general condition of the oral mucosa. In addition to tooth decay and other concerns of the teeth, the presence of sores, injuries, lumps, or other abnormalities of the oral cavity are of interest and reported. Evidence of even severe dental infection may go unnoticed or undetected until careful screening is performed. Smokeless tobacco users, students with poor nutrition, and those with poor oral/dental hygiene are of particular interest when considering school nursing assessment of the oral health of a child or adolescent.

The need for oral health care is the most prevalent unmet health care need among children and adolescents. Left untreated, dental health issues may lead to serious health complications, including severe infection, poor nutrition, self-esteem and related psychosocial-developmental issues, and speech difficulties. In populations of school-aged children, between 20 and 40 percent may have untreated dental caries (Centers for Disease Control, 2007). The problem of untreated dental issues in children is further complicated by inadequate availability and accessibility of dental care providers in many rural areas.

Children with special health care needs are almost twice as likely to have unmet oral health needs as their peers without special health care needs.

RESOURCES

Needed: Accessing dental care for students without insurance or without access to dental providers accepting Medicaid; providers who will defer co-pay; etc.

Needed: Toothbrushing supplies for children without adequate supplies or resources to hand out as needed; resources on brushing programs.

Find the resources of the Nebraska DHHS Office of Oral Health and Dentistry Program at <http://www.dhhs.ne.gov/dental/>. *Limited resources are available to assist eligible schools with toothbrushing supplies? The program maintains a listing of public health-authorized dental hygienists?*

The American Academy of Pediatrics launched an oral health initiative in 2009 with an oral health curriculum available on the internet. A chapter addresses oral health screening and includes a photo gallery of common dental/oral health conditions. See the curriculum at www.aap.org/oralhealth/pact/index.cfm.

The American Academy of Pediatric Dentistry website has resources for parents on topics related to improving oral health for children: www.aapd.org.

The Association of State and Territorial Dental Directors website includes extensive resources and tools for basic dental surveys, or screening, of preschool and school-aged children:

<http://www.astdd.org/index.php?template=surveybss.html>.

The National Maternal and Child Oral Health Resource Center published “Promoting Oral Health in Schools: A Resource Guide” in April 2009. Locate the guide, and other school-related oral health resources, at:

<http://www.mchoralhealth.org/materials/schoolhealth.html>.

A commercial site hosted by Proctor and Gamble for dental professionals offers resources for patients and professionals, including great visuals of children’s dental development. www.dentalcare.com.

Federal Maternal Child Health Bureau Resources on Oral Health

http://mchlibrary.info/KnowledgePaths/kp_oralhealth.html

Ohio Dental Health Screening Resources

<http://www.odh.ohio.gov/ASSETS/CA7AA4E7F7494D4AB2022D9DBFA5578E/ScreeningGuidelines-ebook.pdf>

FORMS

Competency Quick Reference for the Qualified Screener: Dental/Oral Health Screening

Sample of Notification of Need for Further Evaluation

Include Quadrant chart to mark areas of concern (oriented to patient)